Akt- completed + Fee back to 300ing SUBMIT: COMPLETED APPLICATION STATEMENT AND FEE TO: **APPLICATION FOR PERMIT** BAYFIELD COUNTY, WISCONSIN **Bayfield County** Date: Planning and Zoning Depart. Date Stamp (Received) PO Box 58 **Amount Paid:** Washburn, WI 54891 APR 09 2019 (715) 373-6138 Bayfield Co. Zoning Dept INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE TYPE OF PERMIT REQUESTED → □ LAND USE ☐ B.O.A. ☐ OTHER Owner's Name: Mailing Address: City/State/Zip: Telephone: 6743 Clearwater 651-762-1431 Joseph Lino Lakes, MN 55038 Creek Or City/State/Zip: Cell Phone: 54873 WI 612-715-1927 Barnes, Contractor Phone: Plumber Phone: Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Attached ☐ Yes ☐ No Tax ID# Recorded Document: (i.e. Property Ownership) **PROJECT** Legal Description: (Use Tax Statement) 04-004-2-44-09-09-2 05-007-5000 LOCATION 1715 Subdivision: Vol & Page Gov't Lot Lot(s) CSM Block(s) No. Lot(s) No. 1/4, 1/4 1050 Q V.6 P.388 Lot Size Town of: Acreage Section 09, Township 44 N, Range 09 W 4.340 Barnes 1260 × 150 ☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Distance Structure is from Shoreline: Are Wetlands Is Property in Creek or Landward side of Floodplain? If yes---continue --> Floodplain Zone? Present? Shoreland -☐ Yes ☐ Yes Distance Structure is from Shoreline : fee XIs Property/Land within 1000 feet of Lake, Pond or Flowage X No NO If ves---continue Non-Shoreland Value at Time # of Type of What Type of of Completion bedrooms Water Sewer/Sanitary System Project # of Stories Foundation * include in on donated time & Is on the property? structure property material ✓ 1-Story 1 ☐ Municipal/City ☐ City New Construction **Basement** (New) Sanitary Specify Type: **X**Well Addition/Alteration 1-Story + Loft X Foundation 2 \$ 15,000 > Sanitary (Exists) Specify Type: 3 Conversion 2-Story ☐ **Privy (Pit)** or ☐ **Vaulted** (min 200 gallon) Relocate (existing bldg) None Use ☐ Portable (w/service contract) ☐ Run a Business on **Property Compost Toilet** Year Round None Existing Structure: (if permit being applied for is relevant to it) Width: Height: 28 ft 20F+ **Proposed Construction:** Width: Height: 12ft Square **Proposed Use Proposed Structure Dimensions Footage** П Principal Structure (first structure on property) (X) Residence (i.e. cabin, hunting shack, etc.) X with Loft (X) X Residential Use with a Porch Х) (with (2nd) Porch Х with a Deck X) with (2nd) Deck Х () ☐ Commercial Use with Attached Garage Х) X) **Bunkhouse** w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities) X Mobile Home (manufactured date)) Х Addition/Alteration (specify) () ☐ Municipal Use Accessory Building (specify) (Х 560 X 20) Garage 28 Х Accessory Building Addition/Alteration (specify)) X Special Use: (explain) () Х Conditional Use: (explain) ()

Other: (explain) FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) presponsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable type for the purpose of inspection.

inspection.

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

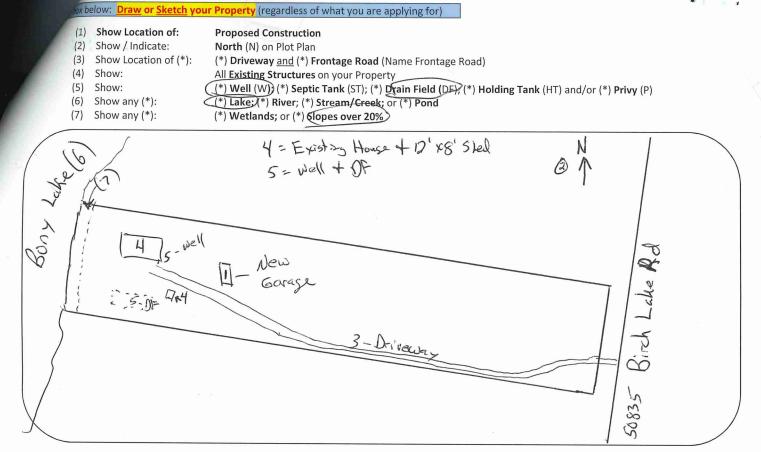
Date

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

Attach

Copy of Tax Statement



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measureme	ent	Description	Measurement	
Setback from the Centerline of Platted Road	911	Feet	Setback from the Lake (ordinary high-water mark)	345	Feet
Setback from the Established Right-of-Way	881	Feet	Setback from the River, Stream, Creek	313	Feet
			Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	72	Feet			
Setback from the South Lot Line	50	Feet	Setback from Wetland		Feet
Setback from the West Lot Line	345	Feet	20% Slope Area on the property	XOYes □ I	Vo
Setback from the East Lot Line	881	Feet	Elevation of Floodplain	75	Feet
Setback to Septic Tank or Holding Tank		Feet	Setback to Well	129	Feet
Setback to Drain Field	176	Feet		121	
Setback to Privy (Portable, Composting)		Feet			- 9

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from a one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	TIME	# of bedrooms:	Sanitary Date:				
Permit Denied (Date):	Reason for Denial:							
Permit #: 19-0001	Permit Date: 4-26	7-19						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming □ Yes □ Yes □ Yes □ Yes □ Yes	ous Lot(s))	Mitigation Required Mitigation Attached		Affidavit Required Yes No Yes No				
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:						
		Were Property Line	Yes No					
Inspection Record: Ob		1		Zoning District (R-3) Lakes Classification ()				
Date of Inspection: 4/16/19	Inspected by:		Date of Re-Inspection:					
Condition(s): Town, Committee or Board Conditions Attached?								
Hold For Sanitary: Hold For TBA:	Hold For Affic	davit: 🗆	Hold For Fees:	_				

own, City, Village, State or Federal Permits May Also Be Required

LAND USE - X
SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-	0061			Issued	d To: Josep	h Pletsch	1							
Location:	-	1/4	of	-	1/4	Section 9	Township	44	N.	Range	9	W.	Town of	Barnes	
Gov't Lot				.ot	2	Block	Sul	odivisio	on				CSM# 1	1050	

Pisclaimor): Apy feture server Structure: [1- Story; Garage (28' x 20') = 560 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

April 22, 2019

Date

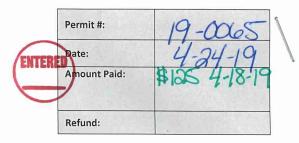
SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) APR 1 / 2019

Bayfield Co. Zoning Dept.



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Owner's Name:	S. C	or	nell		Mailing Address: City/State/Zip:						Telephor	ne:
michelle	A.	Co	rnell		10935 Lund Rd E. Maple, WI. 50							
Address of Property: Timber Wolf Trail					City/State/Zip:						Cell Pho	ne: .92-3622
Timber	WOI-	+	Ira	1		rnes, WI	548	54			715-2	16 76 20
Contractor:					Cont	ractor Phone:	Plumber:				Plumber	Phone:
Authorized Agent:	(Person Sign	ing Appl	ication on beha	If of Owner(s))	Ager	t Phone:	Agent Mailing Ac	Idress (include City/State	2/7in):		Written	Authorization
					7.60		Agent Maning At	idicas (meidae eity/state	./ 210/•		Attached	d
PROJECT	-			-	Tax I	D#			Recor	ded Docu	☐ Yes	□ No Dwing Ownership)
PROJECT LOCATION	Legal I	Descrip	tion: (Use T	ax Statement)	10/1	3879	7		Recoi	ueu Docu	ment. (Sin	owing Ownership)
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						escontinue	- Distance Stre	1 400	feet	X		×No
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material	×						structure					property
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APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE box below: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL **Proposed Construction** Show Location of: North (N) on Plot Plan (2) Show / Indicate: (3)Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4)Show: All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond Show any (*): (6)(7)Show any (*): (*) Wetlands; or (*) Slopes over 20% mberwolf Drive way Broken Arrow well

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement	
			1/12	
Setback from the Centerline of Platted Road	105 Feet	Setback from the Lake (ordinary high-water mark)	142 Feet	
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet	
		Setback from the Bank or Bluff	87 Feet	
Setback from the North Lot Line	Feet			
Setback from the South Lot Line	92 Feet	Setback from Wetland	Feet	
Setback from the West Lot Line	78 Feet	20% Slope Area on the property	☐ Yes 📉 No	
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet	
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	16 Feet	
Setback to Drain Field	55 Feet			
Setback to Privy (Portable, Composting)	Feet			

her previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be arked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	17-995	# of bedrooms: 2	Sanitary Date: 9-6-/7			
Permit Denied (Date):	Reason for Denial:						
Permit #: 19 60065	Permit Date: 4-24	1-19					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recondance of Parcel of P	ous Lot(s))	Mitigation Required Mitigation Attached		Affidavit Required Affidavit Attached Ves No Ves No No			
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted b	y Variance (B.O.A.) Case	#:			
		Were Property Line	es Represented by Owner Was Property Surveyed	Yes No			
Inspection Record: gtaked Trailed Can	restalts Ney	1 satter		Zoning District $(R-1)$ Lakes Classification (3)			
Date of Inspection: 4/2 3/19	Inspected by:			Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached?							
Signature of Inspector.	required. Must meet an	d maintain setbacks.		Date of Approval: 4/24/19			
Hold For Sanitary: Hold For TBA:	HOIG FOI AITI	uavit. 🗆	more ror Fees: 🗆				

City, Village, State or Federal May Also Be Required

LAND USE - X
SANITARY - 17-99S
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

19-0065 No. Randy & Michelle Cornell Issued To: Location: 19 Range 9 W. **Barnes** $\frac{1}{4}$ of -Section **Township** 45 Town of Gov't Lot Subdivision Pawnee Add to Potawatomi **55** CSM# Lot Block

For: Residential Use: [1.5- Story; Residence (16' x 36') = 576 sq. ft.; Loft (16' x 36') = 576 sq. ft.; Porch (24' x 36') = 864 sq. ft.] Total Overall = 1,440 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction If required. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

April 24, 2019

Date